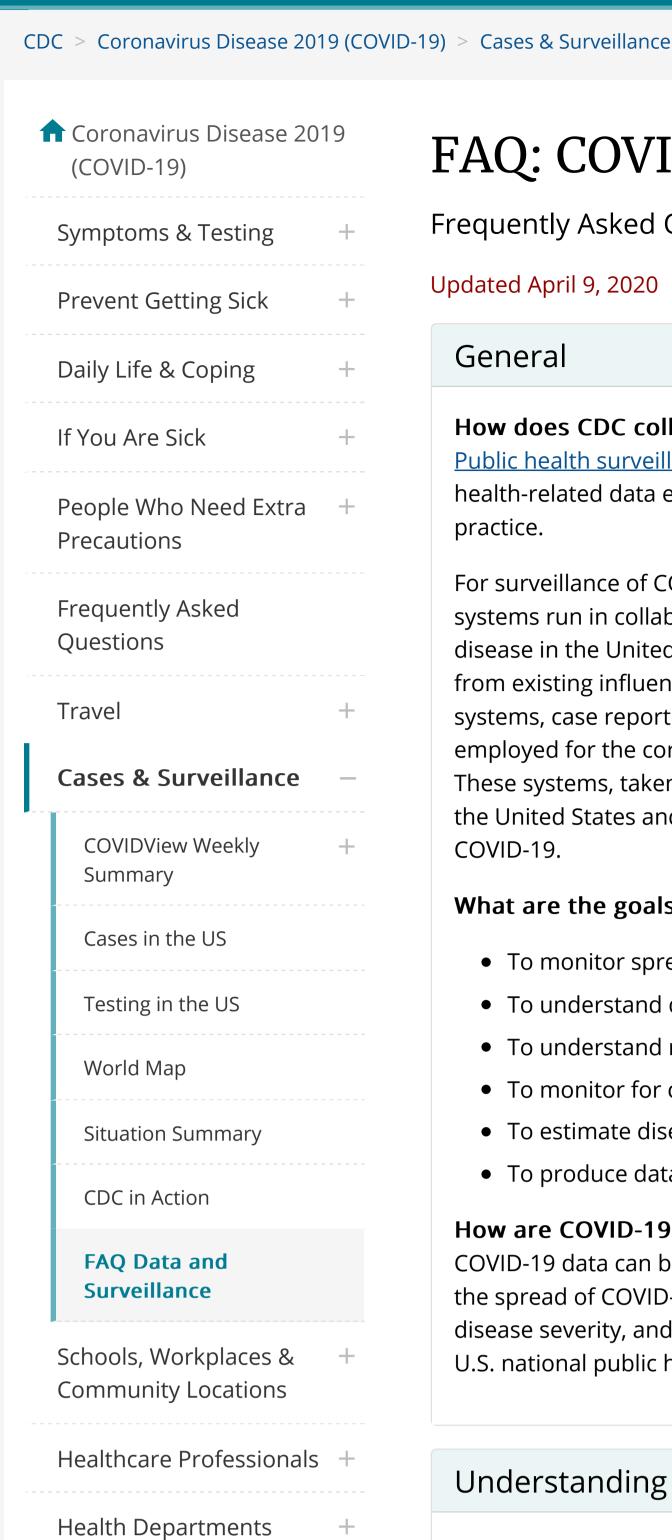
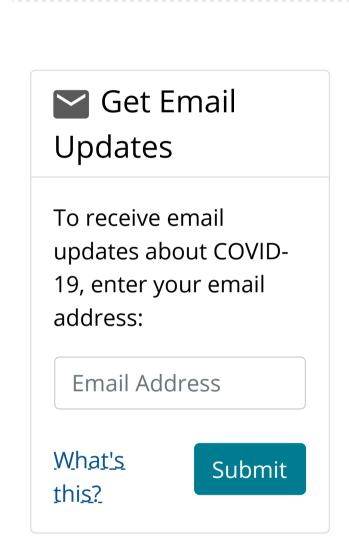
Coronavirus Disease 2019 (COVID-19)

CDC 24/7: Saving Lives, Protecting People™

Centers for Disease Control and Prevention





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FAQ: COVID-19 Data and Surveillance

Frequently Asked Questions

Updated April 9, 2020

General

How does CDC collect COVID-19 surveillance data?

Public health surveillance is the ongoing, systematic collection, analysis, and interpretation of health-related data essential to planning, implementation, and evaluation of public health practice.

For surveillance of COVID-19 and its cause, SARS-COV-2, CDC is using multiple surveillance systems run in collaboration with state, local and academic partners to monitor COVID-19 disease in the United States. COVID-19 surveillance draws from a combination of data sources from existing influenza and viral respiratory disease surveillance systems, syndromic surveillance systems, case reporting systems, commercial lab reporting, ongoing research platforms employed for the coronavirus response, and new systems designed to answer specific questions. These systems, taken together, create an ongoing picture of SARS-COV-2 spread and its effects in the United States and provide data used to inform the U.S. national public health response to COVID-19.

What are the goals for COVID-19 national surveillance?

- To monitor spread and intensity of COVID-19 disease in the United States
- To understand disease severity and the spectrum of illness
- To understand risk factors for severe disease and transmission
- To monitor for changes in the virus that causes COVID-19
- To estimate disease burden
- To produce data for forecasting COVID-19 spread and impact

How are COVID-19 data used?

COVID-19 data can be used to help public health professionals and health care providers monitor the spread of COVID-19 in the United States and support better understanding of U.S. illness, disease severity, and social disruptions associated with COVID-19. These data help inform the U.S. national public health response to COVID-19

Understanding the Data

Why do the number of cases for previous days increase?

Delays in reporting can cause the number of COVID-19 cases reported on previous days to increase. (Sometimes this effect is described as "backfill.") State, local, and territorial health departments report the number of cases that have been confirmed and share these data with CDC. Since it takes time to conduct laboratory testing, cases from a previous day may be added to the daily counts a few days late.

Why are we seeing a rise in cases?

The growing number of cases reflects the rapid spread of COVID-19 as many U.S. states and territories experience community spread. Also, the <u>number of cases of COVID-19</u> being reported in the United States is rising due to increased laboratory testing and reporting across the country. More detailed and accurate data will allow us to better understand and track the size and scope of the outbreak and strengthen prevention and response efforts.

What numbers are reported for laboratory testing?

CDC updates information on laboratory testing from multiple sources. This includes testing results from state, local and territorial public health departments, CDC and commercial laboratories.

Why are the death counts for the Case in the U.S. different from the Provisional Death Counts for COVID-19 and pneumonia?

The COVID-19 death count shown on the Cases in the U.S. web page includes deaths reported daily by state, local, and territorial health departments. This count reflects the most real-time information CDC has based on preliminary reporting from health departments.

In contrast, provisional COVID-19 death counts from the National Center for Health Statistics (NCHS) are updated Monday-Friday based on information collected from death certificates. These data represent the most accurate death counts. However, because it can take several weeks for death certificates to be submitted and processed, these data currently are lagged by an average of 1–2 weeks and may not include all deaths that occurred during a given time period, especially for more recent periods. Death counts from earlier weeks are continually revised and may increase or decrease as new and updated death certificate data are received. Provisional COVID-19 death counts may therefore differ from other published sources, such as media reports or the <u>Cases in the U.S.</u> web page.

What does the mortality rate mean? Why does this percentage keep changing?

The mortality rate is the percentage of people who died out of the total number of cases reported. Since this is an ongoing outbreak, the percentage might change daily. There are several reasons for this, such as there may be delays in reporting of additional confirmed cases and not all cases will be detected.

Why do some case numbers reported by state health departments, Johns Hopkins, or World Health Organization (WHO) sometimes differ from what is posted on CDC's website?

CDC's overall case numbers are validated through a confirmation process with jurisdictions. The process used for finding and confirming cases displayed by different places may differ.

Surveillance Reports

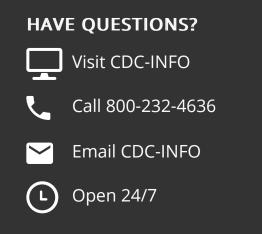
Are there surveillance reports created by CDC on COVID-19?

Yes, CDC is modifying existing surveillance systems to track COVID-19. On April 3 we posted the first of what will be a weekly surveillance report called, "COVIDView." The report, updated each Friday, will summarize and interpret key indicators, including information related to COVID-19 outpatient visits, emergency department visits, hospitalizations and deaths, as well as laboratory data.

COVID-19 surveillance data is also used to produce publications. Many of these reports can be found online through CDC's Morbidity and Mortality Weekly Report (MMWR). COVID-19 data are also used to inform guidance documents.

Page last reviewed: April 9, 2020

Content source: National Center for Immunization and Respiratory Diseases (NCIRD), Division of Viral Diseases



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